

Last Name, First Name:

Academic Year:



Office of the University Registrar

74 Union Street,

Queen's University, Kingston, Ontario K7L 3N6 Canada

Tel: 613-533-2040

Name:

Student Number:

Phone:

Date:

Queen's email:

Academic Year:

Term(s) [F, W, S]:

WHY ARE YOU REQUESTING THIS INFORMATION?

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Graduation | <input type="checkbox"/> School Application | <input type="checkbox"/> Out of Province Government Student Aid |
| <input type="checkbox"/> Study Permit | <input type="checkbox"/> Housing/Residency | <input type="checkbox"/> Scholarship Application | <input type="checkbox"/> OSAP |
| <input type="checkbox"/> Visa | <input type="checkbox"/> Bank Account | <input type="checkbox"/> Job Application | <input type="checkbox"/> US Loans |
| <input type="checkbox"/> Employment Purposes | <input type="checkbox"/> Military Service | <input type="checkbox"/> Other | |

FORM / DOCUMENT TO BE COMPLETED (PLEASE ATTACH TO THIS FORM):

- | | |
|---|---|
| <input type="checkbox"/> <u>OFFICIAL LETTER FROM QUEEN'S UNIVERSITY</u> | <input type="checkbox"/> <u>CONFIRMATION OF ENROLMENT FOR GOVERNMENT STUDENT AID</u> |
| <input type="checkbox"/> TUITION ESTIMATE LETTER (for Visa or Study Permit) | (ONLINE PORTAL - NSLSC) Province: <input type="text"/> |
| <input type="checkbox"/> AWARDS/BURSARIES OR SCHOLARSHIPS | <input type="checkbox"/> <u>PROOF OF DEGREE AWARDED (Verification of Degree already granted)</u> |
| <input type="checkbox"/> BOOK COSTS | <input type="checkbox"/> <u>CERTIFIED TRUE COPY OF DEGREE (Requires the Original Degree)</u> |
| <input type="checkbox"/> ESTIMATED LIVING EXPENSES | <input type="checkbox"/> <u>FEE STATEMENTS - STAMPED (Must be required by Agency or Embassy)</u> |
| <input type="checkbox"/> CUMULATIVE GPA Mail with Transcript? <input type="radio"/> Y <input type="radio"/> N | |
| <input type="checkbox"/> PARENTS/FAMILY TO ATTEND GRADUATION | |
| <input type="checkbox"/> PLANS TO GRADUATE | |
| <input type="checkbox"/> PLANS TO RETURN (NEXT ACADEMIC SESSION) | |
| <input type="checkbox"/> PROGRAM NAME / SESSION / LENGTH | NUMBER OF COPIES: <input type="text"/> |
| <input type="checkbox"/> STATUS (PART TIME OR FULL TIME) | |

☐ EMAIL TO QUEEN'S EMAIL ACCOUNT☐ EMAIL TO COMPANY ADDRESS LISTED ON THE FORM (OR BELOW)☐ PICK-UP (Gordon Hall, Room 125)

Address:

Student Signature: _____

The personal information on this form is collected under the authority of the Royal Charter of 1841, as amended. The Office of the University Registrar, to process your request as identified on this form, will use the information collected. For more information, please contact the Office of the University Registrar, Queen's University, Gordon Hall, Room 125, Telephone: 613-533-2040.

ADDITIONAL INFORMATION / SPECIAL REQUESTS:

COMPLETED BY (STAFF): _____

READY FOR DISTRIBUTION? : YES OR NO

SCANNED TO ARCHIVE? : YES OR NO

DATE DISTRIBUTED: _____